



August 22, 2018

Secretary Marlene H. Dortch  
Federal Communications Commission  
445 12<sup>th</sup> St. SW, Room TW-A325  
Washington, DC 20554

**Re: "Promoting Telehealth for Low-Income Consumers," WC Docket No. 18-213**

Dear Secretary Dortch and Members of the Commission:

Children's Health appreciates the opportunity to respond to the Federal Communications Commission's Notice of Inquiry regarding "Promoting Telehealth for Low-Income Consumers," WC Docket No. 18-213.

We commend the Commission's interest in establishing a Connected Care Pilot Program to promote the use of broadband-enabled telehealth services among low-income patients, particularly those living in rural areas. As the eighth-largest pediatric health care provider in the nation, Children's Health values the Commission's commitment to promoting health care connectivity within, between and beyond brick-and-mortar health care facilities.

**As the Commission advances initiatives to improve access to telemedicine for low-income Americans, we encourage you to incorporate a pediatric focus into the Connected Care Pilot Program, or in future initiatives the Commission undertakes.** In Texas, nearly 70 percent of all Medicaid clients are children. Further, almost half (45 percent) of all Texas children receive their health care through Medicaid or the Children's Health Insurance Program (CHIP). Promoting telemedicine and virtual health services for the pediatric population – such as remote patient monitoring, mobile health applications and tele-specialty programs – will create cost-savings for Medicaid and expand access to high-quality health care, particularly in rural and underserved areas.

**In addition, we recommend the Commission strengthen support for broadband-enabled telemedicine for pediatric specialty services in physician-to-physician and specialist-to-specialist interactions.** Pediatric tele-specialty programs in areas such as neonatology and emergency medicine improve the delivery of life-saving, specialty services in rural communities and lower the cost of care.

Children's Health is embracing telemedicine and virtual health to enhance access to our medical professionals and specialists outside of our hospital walls, in the communities where families live, learn and play. Our telemedicine and virtual health programs address medical and specialist workforce shortages across Texas; provide a lifeline to the hospital for children who have complex needs or require monitoring outside a clinical setting; and link children, who do not have a primary care provider, to a robust health system. Furthermore, we are doing this in a way that improves health outcomes and reduces costs to the health care system.

Through our partnerships with local and rural community providers, we have developed a robust connected care network and extended the expertise of our medical professionals into rural areas nearly 80 miles away from the Children's Medical Center Dallas campus. Improving broadband connectivity for rural providers and low-income households will enable them to enhance the delivery and scope of telehealth services, and improve outcomes for rural Texans.

### **Remote Patient Monitoring for Children with Complex Medical Needs**

Children's Health is one of the largest pediatric transplant centers in the nation. Many of our patient families live hundreds of miles away from a major medical facility equipped to properly care for post-transplant patients. The medical transport of complex transplant patients adds a significant financial burden on families and on our limited resources.

Children's Health launched a comprehensive Remote Patient Monitoring (RPM) program, which is the first of its kind in the nation. Under the model established by Children's Health, selected patients in our liver and kidney transplant program receive an integrated telemedicine kit programmed to provide interactive tele-monitoring support for their needs at-home. Tele-monitoring allows our surgeons and medical care teams to follow up remotely with our post-surgical transplant patients after they have been discharged from the hospital. By remotely monitoring patients' vital signs and other medical parameters, we can address conditions as they emerge and avoid unnecessary visits to the emergency room or hospital, where their weakened immune systems are exposed to germs and viruses.

The liver and kidney transplant RPM program has limited numbers (fewer than 50) and a short post-discharge period, so the statistical reliability of outcomes are limited to date. Anecdotally, we know the program enables providers to discharge post-surgery patients earlier and lowers the cost of care due to unnecessary emergency department visits or readmissions.

RPM services are now also provided to Children's Health bariatric patients. Like the post-transplant program, we know anecdotally that the program lowers the cost of care due to unnecessary emergency room visits for patients, as well as increases compliance of food logs and treatment regimens for post-surgical patients. Additional data will be gathered as the program enrolls more participants.

In short, RPM technology is paving the way for higher-quality patient interactions, decreasing costs through early intervention and all-around better care management.

### **Remote Patient Monitoring for Medication Adherence**

Survival of the organ and the patient after an organ transplant is not based solely on a surgeon's skill or hospital-based medical care. Successful outcomes also include adherence to a complex medical regimen.

Children's Health developed a pilot consisting of 50 patients who utilize an innovative, FDA-cleared digital health program that includes a digitized drug, a sensor in the shape of a Band-Aid like patch, and interactive mobile device. The purpose of the program is to develop a method of measuring medication adherence that is easy to use, practical and objective. An ingestible digital disposable patch with a sensor tracks which digitalized medication has been taken and what time

the medication was ingested through a brief signal that is transmitted from the medication to the wearable patch worn on the patient's torso. This information is then relayed electronically to the patient's assigned mobile device which can be accessed by the medical team through a provider portal. Adherence data can then be collected and analyzed by the clinical team.

Results are preliminary with a very limited sample size and a short follow-up period. However, preliminary pilot results show inpatient re-admissions are decreasing. Once additional patients accrue and there is longer follow-up, additional data can be analyzed.

### **Tele-Specialty Programs (TeleNICU and Tele-ER)**

While Children's Health supports the Connected Care Pilot Program's focus on improving delivery of services in direct-to-patient interactions, **we recommend the Commission enhance access to telemedicine for pediatric specialty services in physician-to-physician and specialist-to-specialist interactions.**

Children's hospitals are regional centers that serve kids statewide. Many of the patients in children's hospitals are transfers from other medical facilities that could not provide the specialized pediatric care needed. For example, access to the highest-level neonatologists and pediatric trauma specialists is severely limited in some rural areas of Texas, often requiring medical transport over long distances. Our tele-specialty programs allow medical professionals in rural hospitals to conduct physician-to-specialist consultations.

In 2013, Children's Health launched the state's first dedicated neonatal telemedicine service. The "TeleNICU" program connects the state's most highly-trained neonatologists on the medical staff at Children's Health to physicians at other hospitals to consult and help guide the treatment of the state's most fragile newborns. Using two-way interactive video over a secure, HIPAA compliant network, UT Southwestern neonatologists on the medical staff at Children's Health can virtually examine newborns at distant-site facilities and help the local physicians confirm an accurate diagnosis and advise on a treatment plan.

Many infants who would otherwise have been transferred to Children's Health or a similar pediatric specialty provider – which is expensive and disruptive to the child and the family – can be retained at their home hospital with the guidance of specialists over a telemedicine connection.

Children's Health has partnered with seven hospitals throughout the state to provide TeleNICU services. Of our TeleNICU consults to date, 53 percent of patients have remained at their home hospitals. Averting a single transfer from a remote site saves the health system approximately \$116,400, as well as \$15,000 in transport costs.

Children's Health leveraged the technology and experience of the TeleNICU program to expand access to other specialty services with the introduction of a Tele-ER program beginning in August 2015. Tele-ER links our Level I pediatric emergency medicine physicians to remote sites by telemedicine. Since the program's inception, 64 percent of the children receiving Tele-ER consults have been retained for treatment in their home hospital.

*Julie Hall-Barrow, Ed.D., Children's Health*  
*August 22, 2018*

Children's Health is demonstrating that properly-administered tele-specialty programs can enhance specialty care in rural areas, ease burdens on low-income families and reduce health care costs.

### **Conclusion**

Telemedicine and virtual health are enabling providers, like Children's Health and our rural health care partners, to deliver high-quality care to patients in underserved areas. We value the Commission's commitment to addressing barriers to telehealth services for low-income patients and families.

However, **Children's Health recommends the Commission incorporate a pediatric focus into the Connected Care Pilot Program – as well as existing and future broadband-enabled telehealth initiatives – and enhance access to telemedicine for life-saving, specialty services.** Supporting telehealth services for the pediatric population, from remote patient monitoring to critical tele-specialty programs, will improve child health outcomes and generate cost-savings for Medicaid.

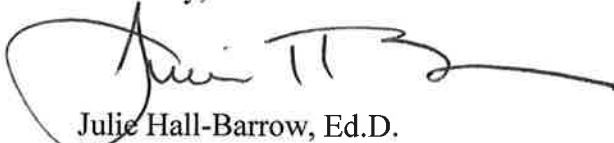
As a leader in the development and implementation of pediatric telemedicine programs, Children's Health is available to serve as a resource to the Commission in its efforts to advance telehealth services and connected care in rural areas. We appreciate your consideration of the information presented in this letter.

### **About Children's Health<sup>SM</sup>**

Children's Health<sup>SM</sup> is the eighth-largest pediatric health care provider in the nation and the leading pediatric health care system in North Texas, providing a full spectrum of health care services – from daily wellness and primary care to specialty visits and critical care. Holding eight disease-specific care certifications from The Joint Commission, Children's Health has been consistently named one of the nation's top pediatric providers by U.S. News & World Report. The Children's Health system includes Children's Medical Center Dallas, as well as Children's Medical Center Plano, Our Children's House inpatient rehabilitation hospital, multiple specialty centers, rehabilitation facilities, home health, physician services and the Children's Medical Center Research Institute at UT Southwestern. For more information about Children's Health, visit [www.childrens.com](http://www.childrens.com).

For more information, please contact **Matt Moore**, Vice President of Government & Community Relations at Children's Health, at **214-456-1971** or **[matt.moore@childrens.com](mailto:matt.moore@childrens.com)**.

Sincerely,



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## Children's Health Tele-Specialty Programs (TeleNICU & Tele-ER)

